



## DC CAS-Alt Student Registration Verification Form

The Office of the State Superintendent of Education is requesting that local education agencies (LEAs) confirm that all eligible students have been appropriately assigned to the alternate assessment (DC CAS-Alt) in SEDS. This form serves as the final verification that the LEA has followed OSSE guidance, each student assigned to the alternate assessment has a completed participation criteria form, and only students with the most significant cognitive disabilities are placed on the alternate assessment.

Please verify the following and sign below. For every student assigned to the DC CAS-Alt the LEA confirms that:

- IEP teams convened a meeting to review and completed the new student participation criteria form;
- Students meet all requirements for eligibility; and
- Students have a completed and parent signed participation criteria form in SEDS.

LEA name \_\_\_\_\_

LEA representative name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_